

FOR OFFICE USE:

Date Filed: _____ By: _____ Permit Application No: _____ - _____ - _____ - _____

**IMPROVEMENT LOCATION PERMIT APPLICATION**

City of Westfield - Washington Township, Indiana
 Department of Community Development - Building Inspections
 2706 East 171st Street, Westfield, IN 46074
 Tel. (317) 804 - 3170 Fax. (317) 896 - 2791 Email: community@westfield.in.gov

LOCATION OF PERMIT ACTIVITY:

Lot Number: _____ in Section _____ of _____
 Street Number/Name: _____
 City: _____ State: Indiana Zip: _____ Township/Jurisdiction: Westfield - Washington Twp
 Parcel Number: _____ - _____ - _____ - _____ - _____ - _____

If the subject property does not include one or more lots in a subdivision, the plat of which has been recorded in the Office of the Hamilton County Recorder, and/or a legal description of the property must be attached.

OWNER / APPLICANT INFORMATION:

Name: _____
 Telephone: _____
 Current Mailing Address: _____

BUILDER / CONTRACTOR INFORMATION:

Name: _____
 Telephone: _____
 Current Mailing Address: _____

Estimated Cost of Construction: \$ _____

License Number: _____

GENERAL PROPERTY INFORMATION:

Type of Water Supply: ☐ Public System If Public / Name of System: _____
☐ Private System If Private / Well Permit Number: _____

Type of Sewage Disposal: ☐ Public System If Public / Name of System: _____
☐ Private System If Private / Septic Permit Number: _____

Current Zoning Classification of Property: _____

Current Use of Property: _____

Is the property in a special flood hazard area, as established by the Federal Emergency Management Agency - National Flood Insurance Program (FEMA-NFIP), as per flood insurance rate map?

☐ YES ☐ NO FEMA-NFIP panel no: _____
 If yes, flood zone description: _____

INTENDED / PROPOSED USE:

Residential	Non-Residential	Type of Improvement
<input type="checkbox"/> One-Family Detached	<input type="checkbox"/> Retail / Commercial	<input type="checkbox"/> New Structure
<input type="checkbox"/> Two-Family Attached (duplex, villa)	<input type="checkbox"/> Office / Professional	<input type="checkbox"/> Addition
<input type="checkbox"/> Multi-Family: # of units _____	<input type="checkbox"/> Hotel / Motel - # of Rooms: _____	<input type="checkbox"/> Alteration, Remodel, or Repair
<input type="checkbox"/> Modular Home	<input type="checkbox"/> Industrial	<input type="checkbox"/> Commerical Tenant Space
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Institutional: (Use) _____	<input type="checkbox"/> Primary Ag Structure
<input type="checkbox"/> Detached Addition: (Use) _____	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Foundation Only
<input type="checkbox"/> Attached Addition: (Use) _____	<input type="checkbox"/> Structure other than a Building	<input type="checkbox"/> Electrical Upgrade
<input type="checkbox"/> Swimming Pool (Private)	<input type="checkbox"/> Other: (Use) _____	<input type="checkbox"/> Demolition
<input type="checkbox"/> Deck or Porch		<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Fence		<input type="checkbox"/> Roofing
<input type="checkbox"/> Other: (Use) _____		<input type="checkbox"/> Site-Land-Earthwork
		<input type="checkbox"/> Signage
		<input type="checkbox"/> Other: (Use) _____

Certification and Notice of Intent to Comply:

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that construction will comply with, and conform to all applicable laws of the State of Indiana. I further certify that the construction will conform to the regulations in the Building Code, the Zoning Ordinance, or private, or the governing jurisdiction, which may be imposed on the above property by deed. I further certify that the construction will not be used or occupied until proper certificates of occupancy and compliance are filed with the governing jurisdiction.

 Signature of Owner / Authorized Agent

 Date

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BUILDING / CONSTRUCTION INFORMATION: FOR OFFICE USE ONLY

<u>Dimensions</u>	<u>Reqd by Ord.</u>	<u>Submission</u>	<u>Compliance?</u>	
Lot Frontage: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lot Width: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lot Area: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st Floor Living Area: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2nd Floor Living Area: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Min. Building Height: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Max. Building Height: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total SqFt (incl basem.): _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Front Yd Setback: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rear Yd Setback: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Side Yd Setback: _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Heating Fuel: _____	NE: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	SE: <input type="checkbox"/> Geo Ther. <input type="checkbox"/> Oil	<input type="checkbox"/> Solar	<input type="checkbox"/> Wood
Type of Water Heat: _____	NW: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	SW: <input type="checkbox"/> Geo Ther. <input type="checkbox"/> Solar		
Fireplace: _____	<input type="checkbox"/> Electric <input type="checkbox"/> Gas	<input type="checkbox"/> Wood <input type="checkbox"/> Other		
Central A/C: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Basement: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Roof Truss, Manufactured: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Frame: _____	<input type="checkbox"/> Masonry <input type="checkbox"/> Metal	<input type="checkbox"/> Post/Beam <input type="checkbox"/>		

REQUIRED ATTACHMENTS:

<p>Properties within City Limits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Legal Description of Property <input type="checkbox"/> Two sets of site plans showing the following: <ul style="list-style-type: none"> <input type="checkbox"/> Property Lines on all sides. <input type="checkbox"/> Location of existing structures on property with dimensions to property lines. <input type="checkbox"/> Size of existing structures. <input type="checkbox"/> Location of right-of-way, drainage and utility easements where applicable. <input type="checkbox"/> Subdivision lot number / street address. <input type="checkbox"/> Two sets of blueprints of the work showing: <ul style="list-style-type: none"> <input type="checkbox"/> Foundation Plan. <input type="checkbox"/> Floor plan(s) of each floor showing window locations, door locations, etc. <input type="checkbox"/> Cross section drawing of structure showing footing through shingles denoting sizes or thickness of all members used in construction. <input type="checkbox"/> Elevations: All four sides <input type="checkbox"/> All plans / drawings must be to scale. 	<p>Properties in Washington Township:</p> <p><i>These items must be include and are in addition to the prior list of documentation for the City:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hamilton County Health Department approval stamp on all floor plans. <input type="checkbox"/> Septic system permit and well permit (new construction only !) from: <ul style="list-style-type: none"> <input type="checkbox"/> Hamilton County Health Department, or <input type="checkbox"/> Hamilton Western Utilities, or <input type="checkbox"/> Proof of connection to State approved private utility. <input type="checkbox"/> Driveway cut application from Hamilton County Highway Department.
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CITY APPROVALS:

Advisory Plan Commission: _____ Board of Zoning Appeals: _____ City Council: _____

DOCUMENTATION & FEES:

ILP Fee: _____

Road Impact Fee: _____

Park Impact Fee: _____

Water Fee: _____

Sewer Fee: _____

Inspection Fee(s): _____

Irrigation Fee(s): _____

TOTAL:

City Construction Approval: _____

Hamilton County Highway Dept: _____

City Fee(s) Paid Stamps: _____